

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MICHIGANWALTER BARRY, by his next friend, ELAINE
BARRY, et al

Plaintiff(s), Case No.

v. Judge

MAURA CORRIGAN, in her official capacity as
DIRECTOR, MI DEPT OF HUMAN SVCS Magistrate Judge

Defendant(s). /

APPLICATION TO PROCEED *IN FORMA PAUPERIS*

For use by incarcerated applicants filing habeas petitions or appeals from the denial or dismissal of habeas petitions or motions under 28 U.S.C. § 2255 and nonprisoners filing civil cases or appeals.

THIS APPLICATION IS FOR (check one):**Habeas Action**New Case
Appeal **Motion Under 28 U.S.C. § 2255**Appeal **Nonprisoner Action**New Case
Appeal I, WALTER BARRY by my next friend (mother) ELAINE BARRY declare that I am the:petitioner/plaintiff/appellant other in the above-entitled proceeding. In support of my request to proceed *in forma pauperis* under 28 U.S.C. § 1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought. In support of this application, I have provided answers to the following questions.1. Are you employed? Yes No

If your answer is yes, state the amount of your monthly pay and provide the name and address of your employer.

Salary: _____

Name of Employer: _____

Employer's Address: _____

2. In the last 12 months, have you received money from any of the following sources?

a. Business, profession or other self-employment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
b. Rent payments, interest or dividends	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
c. Pensions, annuities or life insurance payments	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
d. Gifts or inheritances	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
e. Other sources	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

If you answered yes to any of these questions, state the source of the money and the amount that you received.

Source: Supplemental Security Income (SSI)

Amount: \$710 per month

3. Do you have any money in a:

- a. Prison or jail account
- b. Checking account
- c. Savings account

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

If you answered yes, state the total amount. Amount: _____

4. Do you own or have any interest in real estate, stocks, bonds, notes, vehicles, or other valuable property or assets (excluding ordinary household furnishings and clothing)? Yes No

If you answered yes, describe the property and state its approximate value.

Property description: _____ Value: _____

Property description: _____ Value: _____

5. List the people who are dependent on you for support, state your relationship to each person and how much you contribute to their support.

Relationship: _____ Amount: _____

Relationship: _____ Amount: _____

Relationship: _____ Amount: _____

Relationship: _____ Amount: _____

I declare under penalty of perjury that the foregoing is true and correct.

Date: July 22, 2013

Signature of Applicant and Prisoner No. if applicable

335 Eastlawn St.

Address (including name of Institution)

Detroit, MI 48215

City, State, Zip Code

(313) 331-8073

Telephone Number

REQUEST FOR SERVICE BY U.S. MARSHAL

For use only by nonprisoners filing new civil cases.

If my application to proceed *In Forma Pauperis* is granted:

a. I request service of the summons and complaint by a U.S. Marshal. Yes No

Date: _____

Signature of Applicant

CERTIFICATE

This section only applies to incarcerated applicants filing habeas petitions or appeals from the denial or dismissal of habeas petitions or motions under 28 U.S.C. § 2255. (To be completed by an authorized prison official.)

I certify that the applicant named herein has the sum of \$ _____ on account to his/her credit at (name of institution) _____.

I further certify that the applicant has the following securities to his/her credit at this institution:

Date: _____

Signature and Title of Authorized Official

Name of Institution